FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Pactives must be filed electronically.

Reset Form



2010 NOV 15 AH 9:41

COMMITTEE NAME (Must be same as on Statement of Organ	ization)	 1		
Pat Brooks for Co. Supervisor			FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate Subdivision Candidate (8) County PAC (9) City PAC (10) School Botton Local Ballot Issue	State PAC (3)State Party	al E	DR-2 Rev. 12/2009) or Office Use Orf	
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party (if applicable)			
- Patrick Brooks	Democrat			
Office Sought	District (if Senate or House)			
Marshall County Supervisor	District (it Seriate of House)		udited	
Late reports are subject to possible civil and criminal penalties. Pursu candidate's committee, and the chairperson, for any other type of cor	uant to lowa Code sections 68B.32/ mmittee, is the individual responsibilities.	A(7) and 68. e for filing ti	A.401(3), the can mely and accura	didate, for a te reports.
tatien II. Banker			7	4
SIGNATURE OF PERSON FILING REPORT	641-753-9134		Nov. 12	<u>201</u> 0
Patrick W. Brooks	TELEPHONE		DATE SI	GNED
IAM FILING A Jan. 19, 2011	DEDORT FOR (4) ELECTION	l //GIBIONI/		_
(report date)	Indicate by		KIJEK KIKIN YEA	ıR.
CHECK IF AMENDMENT TO REPORT DATED	•	# []		
DOTESKII AMENDINENT TO REPORT DATED		Local Com	mittees, enter Date	e of Election
	Dissolution Form DR-3.	No County & L which Elect	v . 2 . 20 ocal Committees, ion is held	1 () enter County in
		l		
		Ma	rshall	
STATEMENT OF CASH ON HAND		Ma	rshall	
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case	th on hand at the and			0.4
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cas of the last reporting period or must be zero if this is first	th on hand at the and)4
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cas of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD	sh on hand at the end report filed.)	\$		
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cas of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule	sh on hand at the end report filed.) A) (*also see in-kind below)	\$	2,328.0	00
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cas of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule F)	sh on hand at the end report filed.) A) (*also see in-kind below)	\$	50.0	00
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cas of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach	A) (*also see in-kind below)	\$	50.0	00
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CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cast of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach (Schedule H applies to Candidates' Commit (Schedule H applies to Candidates' Commit Subtract Total Money Spent This Period Schedule B: Expenditures total (Attach Schedule B) (*** Schedule F: Loan Repayments total (Attach Schedule I) CASH ON HAND at the end of this reporting period (if final report **UNPAID BILLS (From Schedule D - Attach Schedule D) (*** *IN KIND CONTRIBUTIONS (From Schedule F - Attach Schedule II)	sh on hand at the end report filed.)	\$\$\$\$		52 42
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cast of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach (Schedule H applies to Candidates' Committed Substract TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (*** Schedule F: Loan Repayments total (Attach Schedule B) CASH ON HAND at the end of this reporting period (if final report **UNPAID BILLS (From Schedule D - Attach Schedule D)	sh on hand at the end report filed.) A) (*also see in-kind below) Schedule H) tees Only) SUB-TOTAL also see debts and loans below). balance must be zero)	\$\$\$\$	2,328.0 50.0 -0- -0- -2,378.0 - 577.0 1,800.4 -0- -0- -0- -0-	52 42

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS	
COMMITTEE NAME (Must be same as on Statement of Organization) Pat Brooks for Co. Supervisor			CK THIS BOX IF NDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOF FUND- RAISER INCOME
10-21-201	ID# () CK#	Rex J. Ryden 507 Highland Drive Marshalltown, Iowa 50158	none	\$50.00	
	ID#	Harsharitown, 10wa 30138			
	CK#				
	ID#				
	CK#				
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	CK#				
			SUB-TOTAL	\$ 50.00	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

B (Rev. 07/03)-

SCHEDULE

MONETARY **EXPENDITURES**

CHECK THIS BOX IF **AMENDING FORM**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEMIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLLINN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOMA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

PAT BROOKS FOR CO. SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-15-10	CN#	El Enfoque Box 145 Perry, Ia 50220	ad	\$50.00
10-15-10		USPO 309 East Linn St. Marshalltown, Ia 50158	stamps and postage	173.05
10-15-10	ID#	Staples 27 West Berle Rd Marshalltown, Ia 50158	envelopes	26.74
10-18-10	ID# CK#	KDAO Radio 1134 Edgington Ave Eldo r a, Ia 50627	radio ad	216.00
10-19-10		Minute Man, Inc 101 S. 1st Street Marshalltown, Ia 50158	copy service	19.65
10-21-10	<u> </u>	USPO 309 East Linn St. Marshalltown, Ia 50158	stamps	56.00
10-21-10	CK#	Staples 27 West Berle Rd Marshalltown, Ia 50158	labëls	10.69
11-03-10	ID# CK#	Minute Man, Inc. 101 S. 1st Street Marshalltown To 5015	copies/labels	22.81
			SUB-TOTAL TOTAL (If last page of this schedule)	\$574.94 \$

THIS BOX APPLIES TO CAMBIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventished on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing executing, accessing, from asing, posting, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule Glastructions and lowa Code 58A.42(3)(1)

Page DYR of TWO

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEMIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLLINN AND THE PAC CRECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOMA ETHICS & CAMPAKIN DISCLOSURE BOARD.

SCHEDULE B (Rov. 07/03)	MONETARY EXPENDITURES
	X THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

PAT BROOKS FOR CO. SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
	CK#			\$
	ID#			
	CK#			
11 0/ 1	ID#	·		
11-04-1(CK#	Wells Fargo 102 South Center Marshalltown, Ia 50158	Service fee and sales taxc	2.68
	ID#	 		
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	CK#			·
	ID#		•	
	CK#			•
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SUB-TOTAL

TOTAL (if last page of this schedule)

2.68` 577..62

THIS BOX APPLIES TO CAMBIDATES' COMMITTEES ONLY:

Purchases of certain campaign properly costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/emities providing consulting, acceptance, fund raising, politing, managing, organizing services must also be detail flemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Inna Code 58A42(3)).)

Page two of two

(for Schedule B)

R	ES	E.	Г

RESET	SCHEDULE	
	F	LOANS

Pat Brooks for Co. Supervisor

COMMITTEE NAME(Must be same as on Statement of Organization)

CHECK THIS BOX IF AMENDING FORM

RECEIVED & REPAID

(Rev. 02/08)

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account. TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ $_5$, $100 \, \text{--}00$

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
	NONE		\$

TOTAL (PART I)

-0-

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E – In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
Nov.12,	Patrick W. Brooks 2010 611 Jerome: St. Marshalltown, Ia 50158	candidate	\$ 1,800.42

TOTAL CASH REPAYMENTS (PART II)

\$ 1,800.42

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 3,299.58

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

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(For Schedule H)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)
PAT BROOKS FOR CO. SUPERVISOR

SCHEDULE H (Rev. 02/08)	CAMPAIGN PROPERTY
EACH REF	CHEDULE H TO PORT, MAKING AS REQUIRED.
CHECK	THIS BOX IF

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
	NONE		
	·		

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ _____- θ _ ____

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

NONE	nation
	 .

	TOTALS	\$ <u>-0-</u>	_\$0_
** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$_	-0-		
(Attach Additional Schedules if Needed)		·	

^{*} If estimated, show est beside figure.